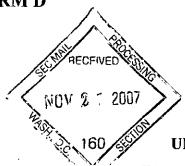
### FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 1384021      |  |
|--------------|--|
| OMB APPROVAL |  |

| OMB APPROVAL             |         |      |          |  |  |
|--------------------------|---------|------|----------|--|--|
| OMB Nun                  | nber    | 3    | 235-0076 |  |  |
| Expires:                 |         | May  | 31, 2008 |  |  |
| Estimated average burden |         |      |          |  |  |
| hours per response16.00  |         |      |          |  |  |
| SE                       | C US    | E ON | LY       |  |  |
| Prefix                   |         | _    | Serial   |  |  |
|                          |         |      |          |  |  |
| DATE RECEIVED            |         |      |          |  |  |
|                          | <u></u> |      |          |  |  |

| Name of Offering ( ) Check if this is an ame  | ndment and name has changed, and indicate change   | )   |
|---|--|---|
| Filing Under (Check box(es) that apply):  | Rule 504 Rule 505 Rule 50  | Section 4(6) ULOEM                                    |
| Type of Filing: New Filing Ame  | endment  | - <u> </u>  |
|   | A. BASIC IDENTIFICATION DATA   |   |
| 1. Enter the information requested about the issu   | ner  |   |
| Name of Issuer ( check if this is an amen Pearl Exploration and Production Ltd.           | dment and name has changed, and indicate change.)  |   |
| Address of Executive Offices<br>2500, 111 – 5 <sup>th</sup> Avenue S.W., Calgary, Alberta | (Number and Street, City, State, Zip Code) T2P 3Y6 Canada  | Telephone Number (Including Area Code) (403) 215-8313 |
| Address of Principal Business Operations (if different from Executive Offices)            | (Number and Street, City, State, Zip Code)   | Telephone Number (Including Area Code)                |
| Brief Description of Business   | PHU  | CESSED  |
| Oil and gas exploration and production  | NOV:   | 2 9 2007  |
| Type of Business Organization   |  | C 2 COO!  |
| corporation   |  | MSON other (please specify):                          |
| business trust  | limited partnership, to be formed  | NCIAL   |
| Actual or Estimated Date of Incorporation or Org  | Month Year  ganization: 07 02  | Actual Estimated                                      |
| Jurisdiction of Incorporation or Organization:  | (Enter two-letter U.S. Postal Service Abbreviation CN for Canada; FN for other foreign jurisdiction) | for State: CN   |

#### **GENERAL INSTRUCTIONS**

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



ATTENTION

|                                 |  |                                      | A. BASIC IDE                                       | NTIFICATION DATA           |                     |                                 |
|---------------------------------|--|--------------------------------------|--|----------------------------|---------------------|---------------------------------|
| 2. Enter the                    | information req                              | uested for the fol                   | lowing:  |                            |                     |                                 |
| • Eac                           | h promoter of th                             | ne issuer, if the is:                | suer has been organized w                          | ithin the past five years; |                     |                                 |
|                                 | th beneficial ovurities of the issu          |                                      | power to vote or dispos                            | se, or direct the vote or  | disposition of, 10  | 0% or more of a class of equity |
| • Eac                           | h executive offi                             | cer and director of                  | of corporate issuers and of                        | corporate general and mana | aging partners of p | partnership issuers; and        |
| • Eac                           | th general and m                             | anaging partner o                    | of partnership issuers.                            |                            |                     |                                 |
| Check Box(                      | es) that Apply:                              | Promoter                             | Beneficial Owner                                   | Executive Officer          | Director            | General and/or Managing Partner |
| Full Name (<br>Hill, Keith      | Last name first,<br>C.                       | if individual)                       |  |                            |                     |                                 |
|                                 |  |                                      | Street, City, State, Zip Co<br>erta T2P 3Y6 Canada | de)                        |                     |                                 |
| Check Box(                      | es) that Apply:                              | Promoter                             | Beneficial Owner                                   | Executive Officer          | Director            | General and/or Managing Partner |
| Full Name (<br>Hyde, Gary       | Last name first,<br>G.                       | if individual)                       |  |                            |                     |                                 |
|                                 |  |                                      | Street, City, State, Zip Co<br>erta T2P 3Y6 Canada | de)                        |                     |                                 |
| Check Box(                      | es) that Apply:                              | Promoter                             | Beneficial Owner                                   | Executive Officer          | Director            | General and/or Managing Partner |
| Full Name (<br>Neely, Rand      | Last name first,<br>Iy                       | if individual)                       |  |                            |                     |                                 |
| Business or 2500, 111 –         | Residence Addr<br>5 <sup>th</sup> Avenue S.W | ess (Number and<br>/., Calgary, Albe | Street, City, State, Zip Co<br>erta T2P 3Y6 Canada | de)                        |                     |                                 |
| Check Box(                      | es) that Apply:                              | Promoter                             | Beneficial Owner                                   | Executive Officer          | Director            | General and/or Managing Partner |
| Full Name (<br>Guidry, Ga       | Last name first,<br>ry S.                    | if individual)                       |  |                            |                     |                                 |
| Business or <b>2500, 111</b> –  | Residence Addr<br>5 <sup>th</sup> Avenue S.W | ess (Number and<br>/., Calgary, Albe | Street, City, State, Zip Co<br>erta T2P 3Y6 Canada | de)                        |                     |                                 |
| Check Box(                      | es) that Apply:                              | Promoter                             | Beneficial Owner                                   | Executive Officer          | Director            | General and/or Managing Partner |
| Full Name (I<br>Edgar, Bria     | Last name first, in D.                       | if individual)                       |  |                            |                     |                                 |
|                                 |  |                                      | Street, City, State, Zip Co<br>erta T2P 3Y6 Canada | de)                        |                     |                                 |
| Check Box(                      | es) that Apply:                              | Promoter                             | Beneficial Owner                                   | Executive Officer          | Director            | General and/or Managing Partner |
| Full Name (I<br>Sinclair, A.    | Last name first,<br>Murray                   | if individual)                       |  |                            |                     |                                 |
| Business or <b>2500</b> , 111 – | Residence Addr<br>5 <sup>th</sup> Avenue S.W | ess (Number and<br>/., Calgary, Albe | Street, City, State, Zip Co<br>erta T2P 3Y6 Canada | de)                        |                     |                                 |

| Check Box                     | (es) that Apply:                                  | Promoter   | Beneficial Owner  | Exc  | ecutive Officer                         | Director                                     | _                                     | al and/or<br>ging Partner |  |
|-------------------------------|---|--|---|--|---|--|---------------------------------------|---------------------------|--|
| Full Name<br>Harris, Ge       | (Last name first, ordon D.                        | if individual)   |   |  | ·                                       |  |                                       | n: 18                     |  |
| Business o 2500, 111          | r Residence Addre<br>- 5 <sup>th</sup> Avenue S.W | ess (Number and<br>/., Calgary, Albe                           | Street, City, State, Zip Corta T2P 3Y6 Canada   | ode)   | ·                                       |  |                                       |                           |  |
| Check Box                     | (es) that Apply:                                  | Promoter   | Beneficial Owner  | Exc  | ecutive Officer                         | Director                                     |                                       | al and/or<br>ing Partner  |  |
| Full Name<br>Ladd, Joh        | (Last name first, n W.                            | if individual)   |   |  |   |  | , · <del>-</del>                      | <del></del>               |  |
|                               |   |  | Street, City, State, Zip Corta T2P 3Y6 Canada   | ode)   |   |  |                                       |                           |  |
| Check Box                     | (es) that Apply:                                  | Promoter   | Beneficial Owner  | Exc  | ecutive Officer                         | Director                                     |                                       | al and/or<br>ing Partner  |  |
| Full Name<br>Lundin, L        | (Last name first, ukas H.                         | if individual)   |   |  |   |  |                                       |                           |  |
|                               |   |  | Street, City, State, Zip Corta T2P 3Y6 Canada   | ode)   |   |  |                                       |                           |  |
| Check Box                     | (es) that Apply:                                  | Promoter   | Beneficial Owner  | Exc  | cutive Officer                          | Director                                     | _                                     | al and/or<br>ing Partner  | <u>,                                      </u> |
| Full Name<br>Arnason,         | (Last name first,                                 | if individual)   |   |  |   | ,— <u>,</u> ,                                |                                       |                           |  |
|                               |   |  | Street, City, State, Zip Corta T2P 3Y6 Canada   | ode)   | ··- · · · · · · · · · · · · · · · · · · |  | · · · · · · · · · · · · · · · · · · · |                           |  |
|                               | <u> </u>  |  | B. INFORMAT   | ION ABOU                                     | JT OFFERING                             | G  | ····                                  |                           |  |
| 1. Has the                    | e issuer sold, or do                              | es the issuer inte   | nd to sell, to non-accredit   | ted investor                                 | s in this offerin                       | g?   |                                       | Yes                       | No 🖂   |
|                               |   | Answer also in   | Appendix, Column 2, if f  | iling under                                  | ULOE.                                   |  |                                       |                           |  |
| 2. What is                    | s the minimum in                                  |  | be accepted from any in   | -  | *************************************** | *****  | ******************                    | \$N/A                     |  |
|                               |   |  |   |  |   |  |                                       | Yes                       | No   |
| 3. Does th                    | ne offering permit                                | joint ownership  | of a single unit?   |  | ••••••                                  |  |                                       | ····· 🖂                   |  |
| similar<br>associa<br>dealer. | remuneration for<br>ited person or age            | solicitation of pu<br>nt of a broker or o<br>(5) persons to be | person who has been or we rehasers in connection widealer registered with the listed are associated personmans. | ith sales of a<br>SEC and/or<br>sons of such | securities in the with a state or       | offering. If a pers<br>states, list the name | son to be listed<br>se of the broke   | is an<br>r or             |  |
| Full Name                     | (Last name first,                                 | if individual)   |   |  |   |  |                                       |                           |  |
| Business o                    | r Residence Addre                                 | ess (Number and  | Street, City, State, Zip Co   | ode)   |   | <del></del>                                  |                                       |                           | <del> </del>                                   |
| Name of A                     | ssociated Broker                                  | or Dealer  | <del></del>   |  |   |  |                                       |                           |  |
| States in W                   | hich Person Liste                                 | d Has Solicited o  | r Intends to Solicit Purch  | asers  |   |  |                                       |                           |  |
| (Check "A                     | II States" or check                               | individual States  | 3)  |  |   |  |                                       | All S                     | States   |
| [AL]                          | [AK] [A   | Z] [AR]  | [CA] [CO]   | [CT]   |   | [DC] [FL]                                    | [GA]                                  | [HI]                      | [ID]   |
| [IL]<br>[MT]                  | [IN] [IN] [IN]                                    |  | [KY] [LA]<br>[NJ] [NM]  | [ME]<br>[NY]                                 |   | [MA] [MI]<br>[ND] [OH]                       | [MN]<br>[OK]                          | [MS]<br>[OR]              | [MO]<br>[PA]                                   |
| [RI]                          |   |  | [TX] [UT]   | [VT]   |   | WA] [WV]                                     | [WI]                                  | [WY]                      | [PR]   |

| Full         | Name (Last nam                           | e first, if ind | ividual)                                |   |   |               |              |                         |             |                     |             |             |
|--------------|--|-----------------|---|---|---|---------------|--------------|-------------------------|-------------|---------------------|-------------|-------------|
| Busi         | ness or Residenc                         | e Address (N    | Number and                              | Street, City,                           | State, Zip (                            | Code)         |              |                         |             |                     | · -         | <del></del> |
| Nam          | e of Associated                          | Broker or De    | aler                                    |   |   |               |              |                         |             |                     |             | ····        |
| State        | es in Which Perso                        | on Listed Ha    | s Solicited o                           | r Intends to                            | Solicit Purc                            | hacers        |              |                         |             | <del></del>         |             |             |
|              | ck "All States" o                        |                 |   |   |   |               |              |                         |             |                     |             | I States    |
| (Cile<br>[A] |  | [AZ]            | Viduai States [AR]                      | [CA]                                    | [CO]                                    | [CT]          | [DE]         | [DC]                    | (FL)        | [GA]                | [HI]        | [ID]        |
| [II]         | Lj [IN]                                  | [IA]            | [KS]                                    | [KY]                                    | [LA]                                    | (ME)          | [MD]         | [MA]                    | [MI]        | [MN]                | [MS]        | [MO]        |
| [M           |  | [NV]            | [NH]                                    | [NJ]                                    | [NM]                                    | [NY]          | [NC]         | [ND]                    | (OH)        | [OK]                | [OR]        | (PA)        |
| [R           | I] [SC]                                  | [SD]            | [TN]                                    | [TX]                                    | [UT]                                    | [VT]          | [VA]         | [WA]                    | [WV]        | [WI]                | [WY]        | [PR]        |
|              |  | C. OFF          | ERING PRI                               | ICE, NUMI                               | BER OF IN                               | VESTORS.      | EXPENS       | ES AND US               | E OF PRO    | CEEDS               | -           |             |
| 1.           | Enter the aggreg                         | ate price of    | securities in                           | cluded in th                            | is offering a                           | and the total | amount als   | eady sold. E            | Inter       |                     |             |             |
|              | "0" if answer is                         | "none" or       | "zero." If the                          | he transaction                          | on is an exc                            | hange offer   | ing, check   | this box 🔲              | and         |                     |             |             |
|              | indicate in the co                       | olumns belov    | w ine amoun                             | ts of the sec                           | urilles offer                           | ed for excha  | inge and all | ready exchan;<br>Aggreg | _           | Amount A            | Irandu      |             |
|              | Type of S                                | ecurity         |   |   |   |               |              | Offering                |             | Solo                |             |             |
|              | Debt                                     |                 | *************************************** |   |   |               |              | \$                      |             | \$                  |             |             |
|              | Equity                                   |                 |   | • |   |               |              | \$10,000,00             | 00          | \$ 3,788,61         | 2           |             |
|              |  | $\boxtimes$     | Common                                  |   | Preferred                               |               |              |                         |             |                     |             |             |
|              | Convertib                                | le Securities   | (including v                            | warrants)                               | *************************************** |               | ******       | \$                      |             | <u>\$</u>           |             |             |
|              | Partnershi                               | ip Interests .  |   | • |   |               |              | \$                      |             | \$                  |             |             |
|              | Other (Sp                                | ecify )         | )                                       |   | · · · · · · · · · · · · · · · · · · ·   |               |              | \$                      |             | \$                  |             |             |
|              | То                                       | tal             | •••••                                   |   | ••••••                                  |               |              | \$10,000,00             | 00          | \$ 3,788,61         | 2           |             |
|              |  |                 |   |   |   |               |              |                         |             |                     |             |             |
| Ansv         | wer also in Apper                        | ndix, Colum     | n 3, if filing                          | under ULO                               | Е.                                      |               |              |                         |             |                     |             |             |
| 2.           | Enter the numb                           | er of noored    | litad and no                            | m-nocradita                             | dinuectors                              | who have i    | nurchased    | constitue in            | thic        |                     |             |             |
|              | offering and the                         |                 |   |   |   |               |              |                         |             |                     |             |             |
|              | number of perso                          | ns who hav      | e purchased                             | securities a                            | nd the aggr                             |               |              |                         |             |                     |             |             |
|              | on the total lines                       | . Enter "0"     | if answer is                            | "none" or "z                            | zero."                                  |               |              |                         |             | <b>.</b>            | 4_          |             |
|              |  |                 |   |   |   |               |              | Numb                    | er          | Aggreg<br>Dollar Aı |             |             |
|              |  |                 |   |   |   |               |              | Invest                  | ors         | of Purch            | nases       |             |
|              | Accredite                                | d Investors .   | *************************************** | •••••                                   | ·····                                   |               |              | 1                       |             | \$ 3,788,61         | 2           |             |
|              | Non-accre                                | edited Invest   | ors                                     |   |   |               |              | 0                       |             | \$                  | 0           |             |
|              | To                                       | tal (for filing | gs under Rul                            | e 504 only)                             |   | ••••••        |              |                         |             | \$                  | <u>.</u>    |             |
|              |  | Answer al       | so in Appen                             | dix, Columr                             | 4, if filing                            | under ULO     | €.           |                         |             |                     |             |             |
| -            | 1041; CI; ; C                            |                 | . 4 15 . 1                              | . 504 - 50                              |   |               |              | CII                     | 141         |                     |             |             |
|              | If this filing is f<br>sold by the issue | er, to date, in | offerings of                            | f the types in                          | ndicated, in                            | the twelve (  | 12) months   | s prior to the          |             |                     |             |             |
|              | sale of securities                       | in this offer   | ing. Classif                            | y securities                            | by type liste                           | ed in Part C  | - Question   |                         |             |                     |             |             |
|              | Type of o                                | ffering         |   |   |   |               |              | Type -<br>Securi        |             | Dollar Ai<br>Solo   |             |             |
|              |  | _               |   |   |   |               |              | 200411                  |             | \$                  |             |             |
|              |  |                 |   |   |   |               |              | -                       |             | \$                  | <del></del> |             |
|              | ~  |                 |   |   |   |               |              |                         |             | \$                  |             |             |
|              |  |                 |   |   |   |               |              | <del></del>             | <del></del> | \$                  |             |             |
|              |  |                 |   |   |   |               |              |                         |             |                     |             |             |

| 4. | a. Furnish a statement of all expenses in connection with the issuance and distrib<br>amounts relating solely to organization expenses of the issuer. The information may<br>amount of an expenditure is not known, furnish an estimate and check the box to the  | be given as subje                        | ect to future   |                    |  |  |  |  |  |
|----|---|--|-----------------|--------------------|--|--|--|--|--|
|    | Transfer Agent's Fees   | **************                           |                 | \$                 |  |  |  |  |  |
|    | Printing and Engraving Costs  | *******                                  |                 | \$                 |  |  |  |  |  |
|    | Legal Fees  | ************                             | $\boxtimes$     | \$ 50,000          |  |  |  |  |  |
|    | Accounting Fees   |  |                 | \$                 |  |  |  |  |  |
|    | Engineering Fees  | **********                               |                 | \$                 |  |  |  |  |  |
|    | Sales Commissions (specify finders' fees separately)  | ***************                          |                 | \$                 |  |  |  |  |  |
|    | Other Expenses (identify)   | ***************                          |                 | \$                 |  |  |  |  |  |
|    | Total   | ************                             | $\boxtimes$     | \$ 50,000          |  |  |  |  |  |
|    |   |  | <del></del> - , |                    |  |  |  |  |  |
|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN   | NSES AND USE                             | OF PROC         | EEDS               |  |  |  |  |  |
| ~  | b. Enter the difference between the aggregate offering price given in response to Question I and total expenses furnished in response to Part C - Question 4.a. This di is the "adjusted gross proceeds to the issuer."   | fference                                 | نے              | \$9,050,000        |  |  |  |  |  |
| 5. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. |  |                 |                    |  |  |  |  |  |
|    |   | Payment<br>Office<br>Director<br>Affilia | rs,<br>s, &     | Payments To Others |  |  |  |  |  |
|    | Salaries and fees   | <b>\$</b>                                |                 | \$                 |  |  |  |  |  |
|    | Purchase of real estate   | <u></u> \$                               |                 | \$                 |  |  |  |  |  |
|    | Purchase, rental or leasing and installation of machinery and equipment   | \$                                       |                 | \$                 |  |  |  |  |  |
|    | Construction or leasing of plant buildings and facilities   | □ \$                                     |                 | \$                 |  |  |  |  |  |
|    | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  | □ s                                      |                 | \$                 |  |  |  |  |  |
|    | Repayment of indebtedness   | \$                                       |                 | \$                 |  |  |  |  |  |
|    | Working capital   | <u></u> \$                               | 一片              | \$                 |  |  |  |  |  |
|    | Other (specify): Purchase of oil, gas & mineral rights & equipment  | \$                                       | — 🛭             | \$ 9,050,000       |  |  |  |  |  |
|    | Column Totals   | \$                                       |                 | \$ 9,050,000       |  |  |  |  |  |
|    | Total Payments Listed (column totals added)   | <br>⊠ \$ 9                               | ,050,000        |                    |  |  |  |  |  |
|    |   |  | _               |                    |  |  |  |  |  |

| signature constitutes an undertaking by the issuer to | D. FEDERAL SIGNATURE  by the undersigned duly authorized person. If this no furnish to the U.S. Securities and Exchange Commi dited investor pursuant to paragraph (b)(2) of Rule 502 | ssion, upon written request of its staff, the |
|---|---|---|
| Issuer (Print or Type)                                | Signature   | Date  |
| Pearl Exploration and Production Ltd.                 |   | November 16, 2007                             |
| Name of Signer (Print or Type)                        | Title of Signer (Print or Type)   |   |
| Randy Neely   | Chief Financial Officer   |   |
|   |   |   |
| Intentional misstatements or on                       | nissions of fact constitute federal criminal violation  | s. (See 18 U.S.C. 1001.)                      |



ATTENTION